Workshop Schedule

September 29, 2003

8:00	Registration
8:30	Overview and Pretest
9:00	Introduction to the Parasites
10:30	Break
10:45	Lecture (continued)
12:00	Lunch
1:00	Laboratory
3:00	Break
3:15	(Continue lab work)
3:45	DPDx
4:15	Adjourn

September 30, 2003

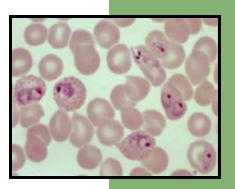
	september 30, 2003
8:00	Review
8:30	(Continue lab work)
10:30	Break
10:45	Serology
12:15	Lunch
1:15	Molecular Methods
3:15	Break
3:45	Review and Evaluation
4:15	Adjourn

Continuing Education Credit

Continuing education credit will be offered, based upon 13 hours of instruction.

NLTN—Nashville Office P.O. Box 160385 Vashville, TN 37216-0385

Bloodborne Parasites: Plasmodium and Babesia species



September 29-30, 2003 Hollywood, FL

Sponsors:

Florida Department of Health, Bureau of Laboratories

Centers for Disease Control and Prevention

and

National Laboratory Training
Network
Nashville Office

Program Description

Bloodborne parasites represent a potential public health threat, as healthy individuals are at constant risk of acquiring infections. This has a strong impact on the nation's blood supply, since screening protocols may not identify infected individuals. During this intermediate level workshop, faculty from the Centers for Disease Control and Prevention will instruct participants in how to identify the following bloodborne parasites: *Plasmodium* and *Babesia* This course will include instruction on morphology, serology, and molecular techniques used to identify these organisms. Don't miss this opportunity to refresh your parasitology skills and learn new protocols from the experts.

Objectives

Upon completion of the workshop, participants will be able to:

- Outline life cycles and morphological features of *Plasmodium* spp. and *Babesia*.
- Describe the preparation and staining of thin and thick blood smears for identification of Plasmodium spp. and Babesia sp.
- Detect and identify *Plasmodium* spp. and *Babesia* sp. in Giemsa-stained smears.
- Outline the usefulness of serological and molecular tests for the diagnosis of infections caused by *Plasmodium* spp. and *Babesia* sp.
- Interpret results generated from morphological, serological, and molecular testing.
- Report diagnostic results generated from morphological, serological, and molecular testing.
- Describe how morphological, serological, and molecular techniques can be used to investigate transfusion-related cases.

Who Should Attend

This intermediate level program is designed for laboratorians with some parasitology experience.

Registration is limited. Register early!

Faculty

Earl Long, Ph.D, Health Scientist, Division of Parasitic Diseases, National Center for Infectious Diseases, Atlanta GA. Dr. Long is a parasitologist with long-term experience on laboratory diagnosis of infectious diseases.

Alex da Silva, Ph.D, Acting Chief, Reference and Developmental Diagnostics Section, Division of Parasitic Diseases, National Center for Infectious Diseases, Atlanta GA. Dr. da Silva is a biologist with long-term experience on development of PCR procedures for laboratory diagnosis of parasitic and pathogen discovery using molecular approaches.

Marianna Wilson, M.S., Division of Parasitic Diseases, National Center for Infectious Diseases, Atlanta GA. Ms. Wilson is a microbiologist with long-term experience in immunological-based assays for laboratory diagnosis of parasitic diseases.



Dates

September 29-30, 2003

Location

Sheridan Technical Center 5400 Sheridan Street Hollywood, FL 33021

Accommodations

A block of rooms has been reserved for program participants. Reservations must be made by September 15, 2003 to get the special meeting rate of \$79.00 plus tax per night. Make your reservation directly at: Sheraton Ft. Lauderdale Airport Hotel 1825 Griffin Road Dania Beach, FL 33004

Phone: (954) 920-3500

Mention the "NLTN Conference" when making

your reservation.

Special Needs

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN - Nashville office at least two weeks prior to the workshop by calling 615-262-6315.

For Additional Information

Contact the National Laboratory Training Network at: 615-262-6315 or 800-536-NLTN (SE Only) or by e-mail at: seoffice@nltn.org.



The NLTN is a training system sponsored by the Association of Public Health Laboratories (APHL) and the Centers for Disease Control and Prevention (CDC).

OMB No. 0920-0017 Exp. Date: 6/30/06

National Laboratory Training Network Registration Form

(Please type or print.)

Other _____

Training Event Title: Bloodborne Parasites: Pasmodium and Babesia species Event Code: SE3204 Date: September 29-30, 2003 Location: Hollywood, FL Event Type: Workshop Applicant Information: (Dr./Mr./Miss./Ms./Mrs.) Title: _____ Kirst Name: _____ M.I. ____ Last Name: ____ Position Title: ______State Licensure Number: (If applicable): _____ Employer's Name: Mailing Address: (Please specify, Employer's or your Home address?) City: _____ Zip/Postal Code: _____ Work Phone Number: _____ Work Fax Number: _____ E-mail Address: _______(E-mail future training event notifications? Please circle, YES or NO.) Signature of Applicant: _____ _____ Date: ____ (Please review all options in the three categories before circling the one most appropriate in each category.) Occupation Type of Employer Physician Health Department (State or Territorial) 01 02 Health Department (Local, City or County) Veterinarian 03 Laboratorian 04 Government (Other Local, not City or County) 04 Nursing Professional 05 Centers for Disease Control and Prevention 05 Sanitarian U.S. Food and Drug Administration 09 08 U.S. Department of Defense Administrator 11 Veterans Administration Medical Center/Hospital Safety Professional 11 12 Educator 13 Other (Federal Employer) 15 Epidemiologist Foreian 16 Environmental Scientist College or University 19 Private Industry 21 Private Clinical Laboratory 23 Education Level (Highest Completed) Physician's Office Laboratory/Group Practice 24 Degree Hospital (Private Community) 17 Associate Hospital (Other) 33 Bachelor 05 State Funded Hospital 25 Masters 06 City or County Funded Hospital 26 Doctoral (M.D.) 07 Health Maintenance Organization 28 Doctoral (Other than M.D.) 80 Non-profit 31 Technical/Hospital School 09 Unemployed or Retired 32 Other _____ Some College 03 High School Graduate 02 Some High School 01

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may no conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017). CDC 32.1 (Rev. 6/17/2003)

Register Early! We expect this class to fill quickly.

Registration Fee: \$150.00

Registration Deadline: September 15, 2003	
☐ Enclosed is my check or money orde payable to APHL.	
☐ Enclosed is a Purchase Order, pleas bill me.	
☐ Bill my credit card. (Circle one) VISA Master Card American Express	
Cardholder's Name:	
Card Number:	
Expiration Date:	
Card Holder's Signature:	
Date:	
Amount of Payment:	
Submit your completed registration form to:	
NLTN — Nashville Office	

NLTN — Nashville Office P.O. Box 160385 Nashville, TN 37216-0385

Or by Fax to: 615-262-6441.

Refund Policy: Cancellations prior to the registration deadline will be refunded minus a \$15.00 processing fee. Cancellations after the deadline date will not be refunded. Registrations which can not be accepted due to over enrollment will be refunded in full.